

State Of Arizona

Agency Web Page Account Request Form

All Agencies requesting to develop and maintain Web page content must complete and return this application to the ADOA-ISD Security Administrator, 1616 W. Adams, Phoenix, AZ 85007. If further information or assistance is needed, please call 542-4357 or 542-HELP. **NOTE:** Due to the dynamic nature of the Internet, this form, associated policies and standards are subject to change without notice.

Agency Name: _____

Web Server Domain Name: _____

Agency Network (IP) Address: _____

Agency's Physical Address _____

Agency WEB Master: _____ E-Mail: _____
(Please Print)

Requestor's Name: _____ E-Mail: _____
(Please Print)

Type of request: (please check request type)

WEB SITE	NEW	<input type="checkbox"/>	UPDATE	<input type="checkbox"/>	REMOVE	<input type="checkbox"/>
WEB MASTER	NEW	<input type="checkbox"/>	UPDATE	<input type="checkbox"/>	REMOVE	<input type="checkbox"/>
CONTENT PROVIDER	NEW	<input type="checkbox"/>	UPDATE	<input type="checkbox"/>	REMOVE	<input type="checkbox"/>
OTHER (SPECIFY) _____	NEW	<input type="checkbox"/>	UPDATE	<input type="checkbox"/>	REMOVE	<input type="checkbox"/>

Content Description: (Describe the activities you expect to include in your Web page(s))

Agreement

By signing this form, the applicant agrees to the following terms and conditions:

- Applicant's agency approves the use of the Web for supplying agency information and/or services.
- Applicant agrees to uphold and enforce the the State's IT Policies and Standards.
- Applicant understands that ADOA has the right to terminate Web site services if the applicant violates the State's IT Policies and Standards.
- ADOA will not be held responsible for Web content created and/or maintained by applicant.

Agency Director's Signature (or designee):

Phone Number:

Date:

Requestor's Signature:

Phone Number:

Date:

Agency's WEB Master :

Phone Number:

Date:

ADOA Security Administrator's Approval

Phone Number:

Date